

## **Holiday Club Questionnaire**

### **Child**

Full name	
Gender	
Date of Birth	

### **Legal Guardian De**

Full Name	
Address	
Home Tel.	
Mobile	
Work Tel.	
Email	

### **Emergency Contact #1**

Full name	
Home/Mobile Tel.	
Email	

### **Emergency Contact #2**

Full name	
Home/Mobile Tel.	
Email	

**GP**

Name	
Address	
Telephone	

**Has your child suffered from any of the following?**

Heart issues	Rheumatic fever	Epilepsy
Asthma	Joint or muscle weakness	Liver issues
Diabetes	Fits or faints	Kidney issues

**Is there any other medical information that you think HPPN should be aware of, such as allergies, intolerances, or specific requirements?**

**Medical Permissions**

*Calpol Consent*

In the case of a child developing a high temperature at the nursery, staff will follow the procedure outlined below. A temperature of 38°C (100°F) is regarded as elevated. We will make an effort to obtain parental consent via telephone to administer a dose of Calpol. The child must then be collected from the nursery.

Calpol will be given only if it has been administered previously without any adverse reactions and only when a high temperature is present. The medication will only be administered after staff have attempted to contact the parents or carers, and where a signed copy of this form is on file. If the parents or carers cannot be reached, Calpol may be given if the child has been in our care for at least four hours and a signed copy of this form is on file.

Please sign below if you consent to your child receiving one dose of Calpol at the nursery in the event of a high temperature.

.....  
Signature

**Date:**

**Benadryl Consent**

In the event of an allergic reaction, characterised by symptoms such as a red rash or swelling, I hereby give my consent for my child to be administered 2.5ml of Benadryl syrup or for Benadryl cream to be applied to the affected area.

Please sign below if you consent to your child receiving Benadryl in such circumstances.

.....

Signature

**Date:**

**Other Permissions**

Please tick relevant boxes

Photographs and videos of your child being taken by staff for sharing with you (child may be included within a photograph sent to other parents).	<input type="checkbox"/>
Photographs and videos of your child being used on the nursery website or for advertising.	<input type="checkbox"/>
Your child to take part in trips arranged at short notice.	<input type="checkbox"/>
Your child to take part in face painting and have their face painted.	<input type="checkbox"/>
The nursery to take your child to the doctor/hospital should there be an accident and you/your contacts are not available.	<input type="checkbox"/>
The nursery to apply sun cream/lotion when necessary.	<input type="checkbox"/>
The nursery to use plasters on small cuts or grazes.	<input type="checkbox"/>

.....

Signature

**Date:**

**Booking details**

Time	Daily Rate
8:15-12:15	£55
8:15-3:00	£80
8:15-6:00	£92

	Date	Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

**Bank account details**

Account Number - 58111760. Sort Code - 30 98 71

*If you pay by transfer please use your child's name as a reference*

**If your child is unwell or unable to attend, please inform us by emailing [info@hpps.co.uk](mailto:info@hpps.co.uk) or calling the office at 020 7602 9066. Kindly note that as we will have already organised the necessary staff, you will still be charged for the session. HPPN requires a notice period of two weeks for all cancellations.**

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Signature

**Date:**